

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berlin</i>		Town <i>Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Jan</i>		Day <i>7</i>		Years <i>1</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		Months <i>11</i>	
Occupation <i>Don't know</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Emmie Briddell</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Annie P. Fields</i>		Mother's Birthplace <i>Del.</i>					
Name of person giving Information <i>Isaac B. Henry</i>		How related to deceased <i>no</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>2 months.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Isaac B. Henry</i>
	Address <i>Berlin</i>
Accident or Suicide	<i>Wid</i>



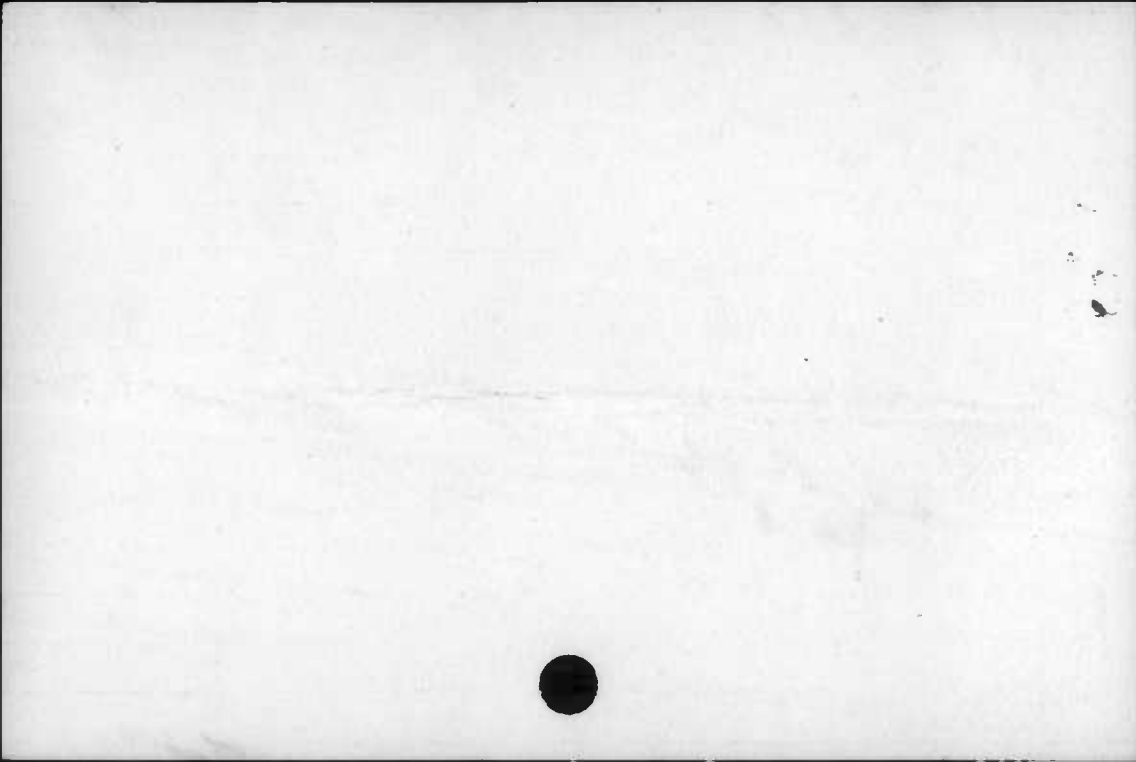
Name
in
Full144
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Premakey</i>		Town <i>Brittingham</i>		County <i>Morristown</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>January</i>	Day <i>16th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Near Premake</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Grover Brittingham</i>			Father's Birthplace <i>Near Premake</i>				
Mother's Maiden Name <i>Hellic Mason</i>			Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Grover Brittingham</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>no physician in attendance</i>	How long <i>151</i>
Immediate <i>and none not nurse</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Hillman</i>
<i>John H. Hillman</i>	Address <i>Epworth acting as Reg</i>
Accident or Suicide? <i>Police of the Peace</i>	



Name
in
Full

Mary Coulbourn

149
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

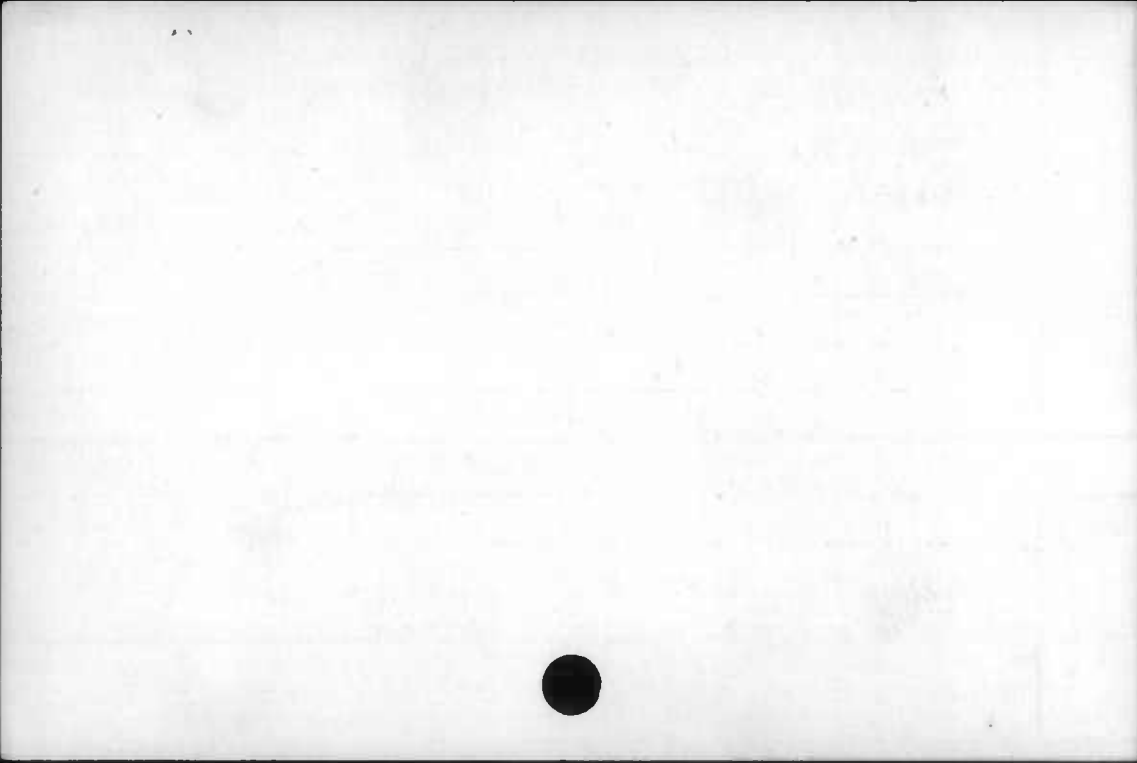
Died at <i>near Pocomoke City</i>		Town <i>Prince George's</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1909	Month	Jan	Day	19	Age	34
Sex	Female	Color or Race	Colored	Birth-place	Frederick Co. Md.		
Occupation	Domestic			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband <i>Joe Coulbourn</i>				
Father's Name	<i>Stephen White</i>					Father's Birthplace	<i>Frederick Co.</i>
Mother's Maiden Name	<i>Rizzie Marie</i>					Mother's Birthplace	<i>Frederick Co. Md.</i>
Name of person giving Information	<i>John Coulbourn</i>					How related to deceased	<i>Brother in law</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Asphy.</i> <i>Pulmonary tuberculosis</i>	How long	<i>5 Mos & 19 Days</i>
Immediate	<i>Emaciation & Exhaustion</i>	How long	<i>Same as above</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>R. Lee Bae</i>	
		Address	
		<i>Pocomoke City, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James K. Davis

Died at *Giddletown* ^{Town} *Monroeville* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *1* ^{Day} *12* ^{Years} *Don't know* ^{Months} *Don't know* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation *Physician* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Annie P. Davis*

Father's Name *Chas. Davis* Father's Birthplace *Ind.*

Mother's Maiden Name *Emeline Kelly* Mother's Birthplace *Ind.*

Name of person giving information *Norman Davis* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long *About 2 years*

Immediate *Cardiac Valvular Insufficiency* How long *Two months*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. H. Burroughs, M.D.*

Address *Giddletown, Ind.*

Accident or Suicide? *—*



Name
in
Full

Mrs. Annie Griser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Jan	4	Age 73			
Sex	Female	Color or Race	White		Birthplace	St Martins	
Occupation	House Wife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband Lewis Griser				
Father's Name	Dr. Gillis				Father's Birthplace	St Martins	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving information	Lewis Griser				How related to deceased	Husband	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	5 days
Immediate	Heart failure	How long	5 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. A. Holland M.D.	
		Address	
		Whaleyville Md	
Accident or Suicide?			
No			



Name
in
Full

Ann Eliza Hancock

148
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

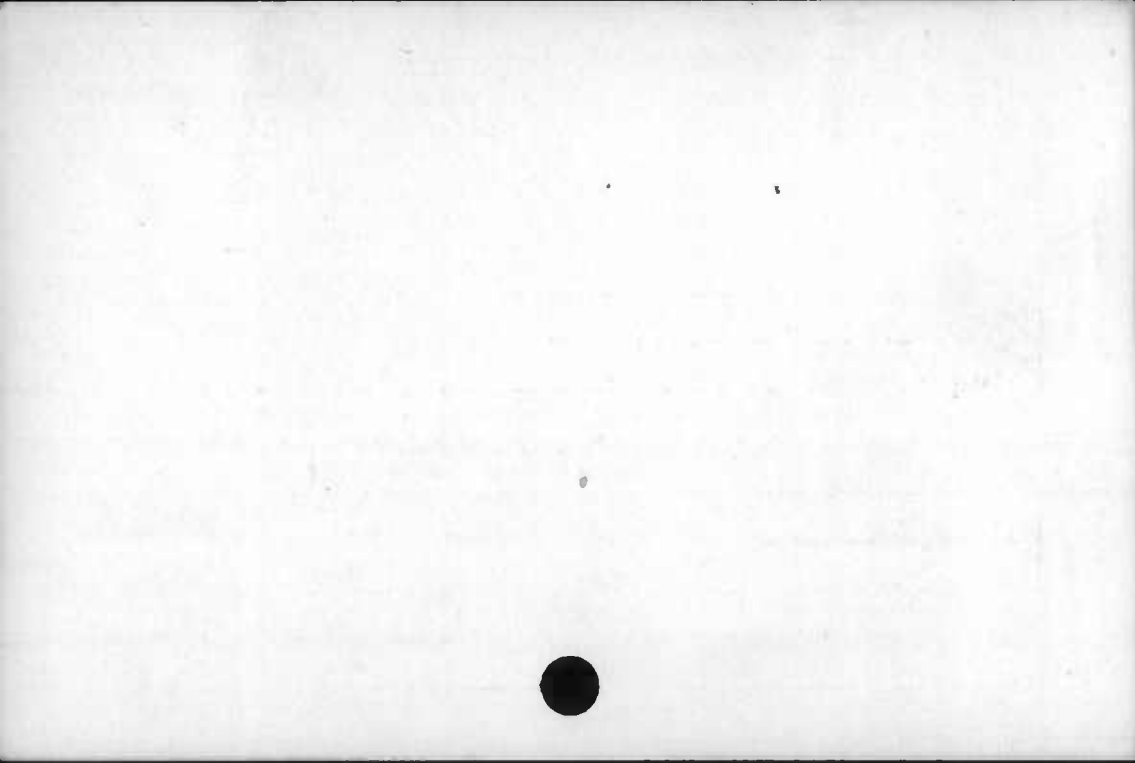
Died at <u>Pocomoke</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death	<u>1909 Jan.</u> <small>Month</small>	<u>20</u> <small>Day</small>	Age <u>75</u> <small>Years</small>	<u>9</u> <small>Months</small>	<u>9</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Worcester</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>at place of death</u>		
Married, <u>Yes</u>	Name of Wife or Husband		<u>George W Hancock</u>		
Father's Name	<u>James Bonnevill</u>		Father's Birthplace	<u>Worcester Co Md</u>	
Mother's Maiden Name	<u>Sally Banks</u>		Mother's Birthplace	<u>Worcester Co Md</u>	
Name of person giving Information	<u>Bates Hancock</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	<u>Spinal Meningitis, Chronic</u>	How long	<u>11 months</u>
Immediate	<u>Failure of vital forces from exhaustion</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Isaac T Costen</u>
		Address	<u>Pocomoke City Md</u>
Accident or Suicide? <u>No</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ernest J. Stiggs

Died at Snow Hill

Town

Worcester

County

MARYLAND

Date of death 1909 Jan.

Month

Day 31

Age 36

Years

Months 7

Days 2

Sex Male

Color or Race white

Birth-place Maryland.

Occupation Farmer

Where Residing if not at place of death at place of death

Married, Single or Widowed

Name of Wife or Husband

Betty W. Stiggs

Father's Name Benjamin Stiggs

Father's Birthplace Maryland

Mother's Maiden Name Mary Paul Gray

Mother's Birthplace Maryland

Name of person giving information Betty W. Stiggs

How related to deceased Wife.

CAUSES OF DEATH

93

Primary

Lobar Pneumonia

How long

7 days.

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

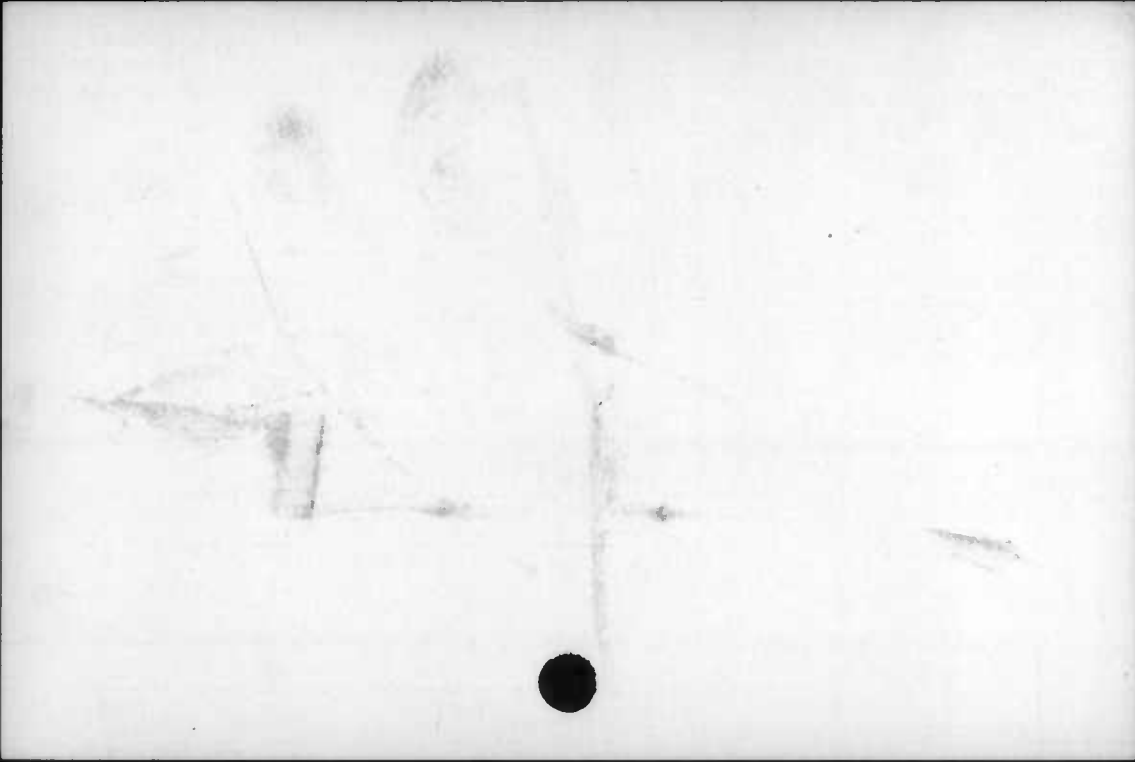
Signature of Physician

W. D. Franklyn, M.D.

Address

Snow Hill, Md.

Accident or Suicide?



Name
in
Full

Albert Thalland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

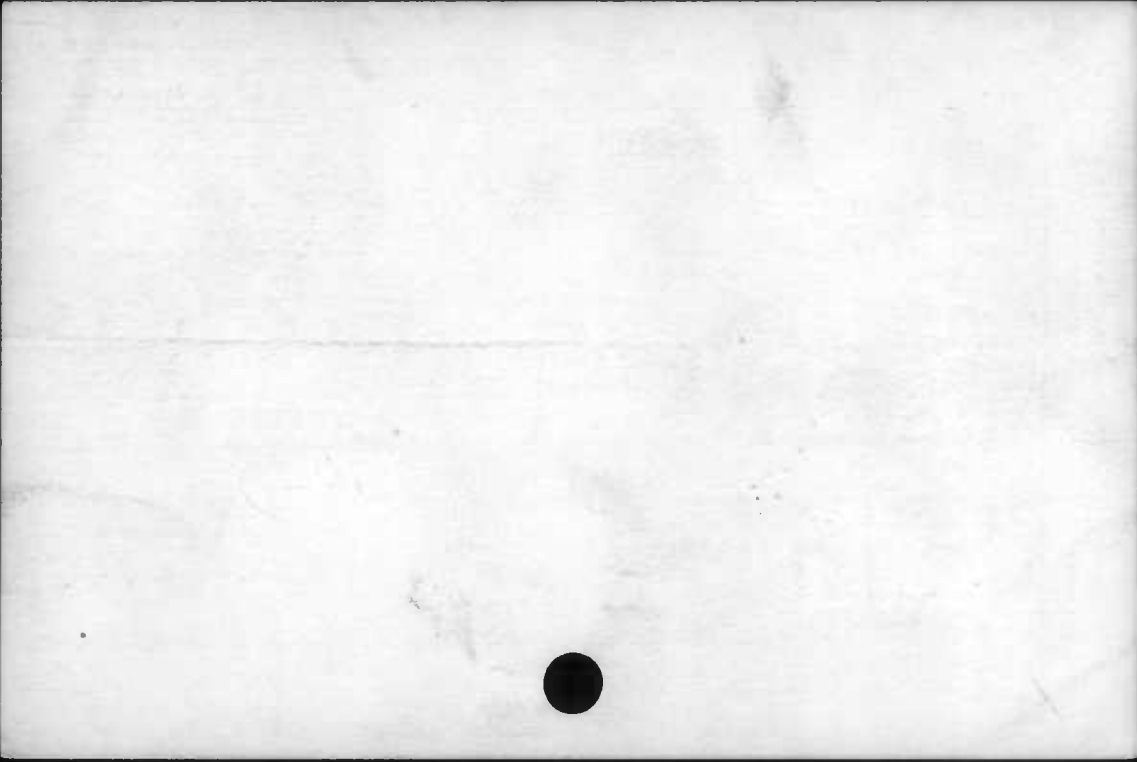
Died at <i>Guantanamo</i>		Town <i>Guantanamo</i>		County <i>Maryland</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>June</i>		Day <i>25</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		Months <i>11</i>	
Occupation <i>—</i>		Where Reaiding if not at place of death <i>—</i>		Days <i>—</i>		—	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Albert Thalland</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Annie McIntire</i>		Mother's Birthplace <i>Maryland</i>		Name of person giving Information <i>John Richards</i>		How related to deceased <i>none</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Intestinal Discharge</i>	How long <i>2 weeks</i>
Immediate <i>invasion</i>	How long <i>2 days</i>
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>Carl Wilhelm</i>
	Address <i>Berlin Md</i>
Accident or Suicide	



Name
in
Full

Emma Hunt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
near Snow Hill Worcester							
Date of death		Month	Day	Years	Months	Days	
1909		Jan	16	46			
Sex		Color or Race		Birth-place			
Female		Colored		do not know			
Occupation		Where Residing if not at place of death					
Home Keeper							
Married, Single		Name of Wife or Husband					
Widowed							
Father's Name		Father's Birthplace					
Harry Barnes		Worcester Md					
Mother's Maiden Name		Mother's Birthplace					
Charlotte Harmon		Worcester Md					
Name of person giving Information		How related to deceased					
Geo. Hunt		none					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Organic heart disease	How long	Unknown
Immediate	Failure of heart	How long	Short time
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. H. (Signature)	
		Address	
		Snow Hill Md.	
Accident or Suicide			



Name
in
Full

Wilard J. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u>		County <u>Worcester</u>		MARYLAND	
Date of death	1909	Month	Jan	Day	16
Age	9	Years	9	Months	1
Sex	Male	Color or Race	Colored	Birth-place	Snow Hill Md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	James H. Johnson			Father's Birthplace	Wicomico Co
Mother's Maiden Name	Minnie Powell			Mother's Birthplace	Worcester Md
Name of person giving Information	L. J. Johnson			How related to deceased	Grandfather

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	7 days
Immediate	Heart failure	How long	30 minutes
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		John S. Delott	
Address		Snow Hill Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

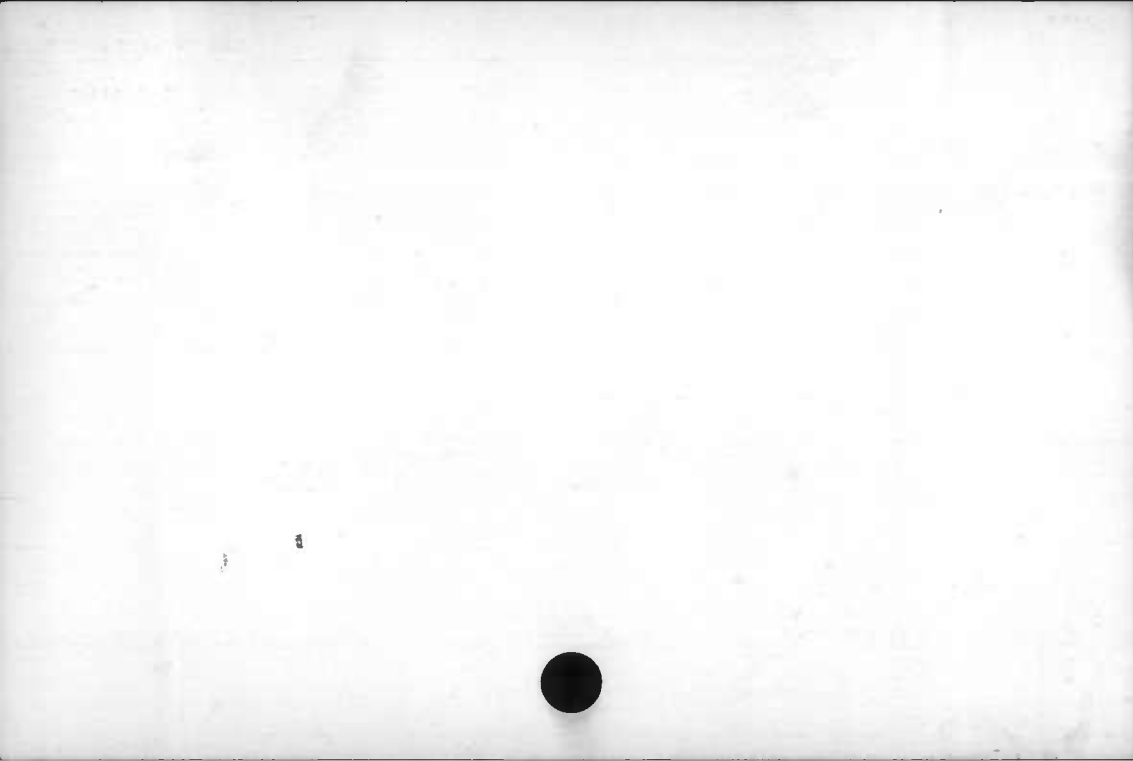
Died at <i>James T. Jones</i> <i>Faylorville</i> Town		County <i>Worcester</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan</i>	Day <i>13</i>	Age <i>81</i>	Months <i>3</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Don't know</i>			
Father's Name <i>Levi Jones</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Artha Taylor</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Mrs Frank Purnell</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	<i>Congestion of left lung</i>	How long	<i>about one week</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		Address <i>J. P. Collins</i> <i>Bismarck Mo</i>	
Accident or Suicide			



Name
in
Full145
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

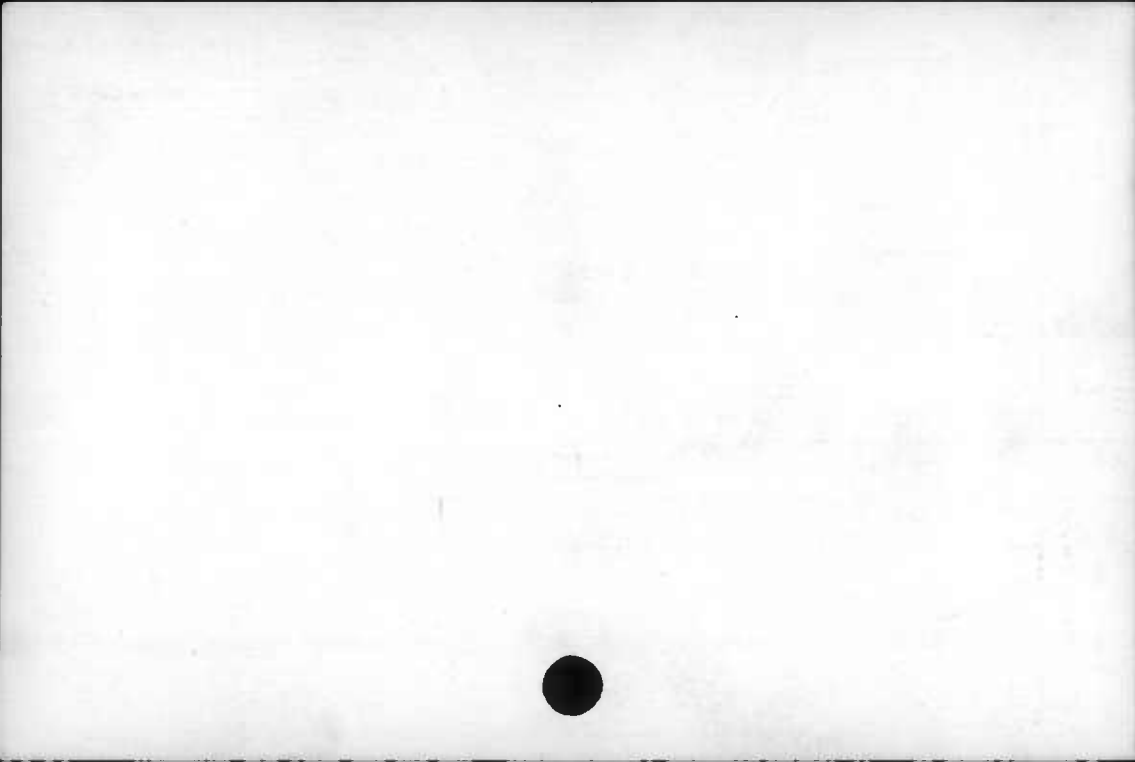
Died at <i>Pawnee City</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan</i>	Day <i>7</i>	Age <i>66</i>	Years <i>2</i>	Months <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Worcester Co</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Pawnee City</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bertie Bonnerlee</i>				
Father's Name <i>James Lockman</i>	Father's Birthplace <i>Worcester Co</i>				
Mother's Maiden Name <i>Dot King</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>Howard Lockman</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary <i>Prostate and Liver disease</i>	How long <i>2 Years</i>
Immediate <i>Exhaustion</i>	How long <i>2 months</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel J. Quinn</i>
	Address <i>Pawnee City, Neb</i>
Accident or Suicide	



Name
in
Full

Mrs. E. C. Lockwood.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Berlin</i>		County <i>Mon.</i>		MARYLAND	
Date of death		190 <i>9</i>	Month <i>Jan.</i>	Day <i>29</i>	Age <i>24</i>	Years <i>3</i>	Months <i>26</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Frankford Del.</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>A. W. Lockwood,</i>					
Father's Name <i>W. H. Phillips</i>		Father's Birthplace <i>Del.</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>Del.</i>					
Name of person giving Information <i>A. W. Lockwood</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>6 weeks</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. S. Tolan</i>	
		Address <i>Berlin</i>	
Accident or Suicide <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

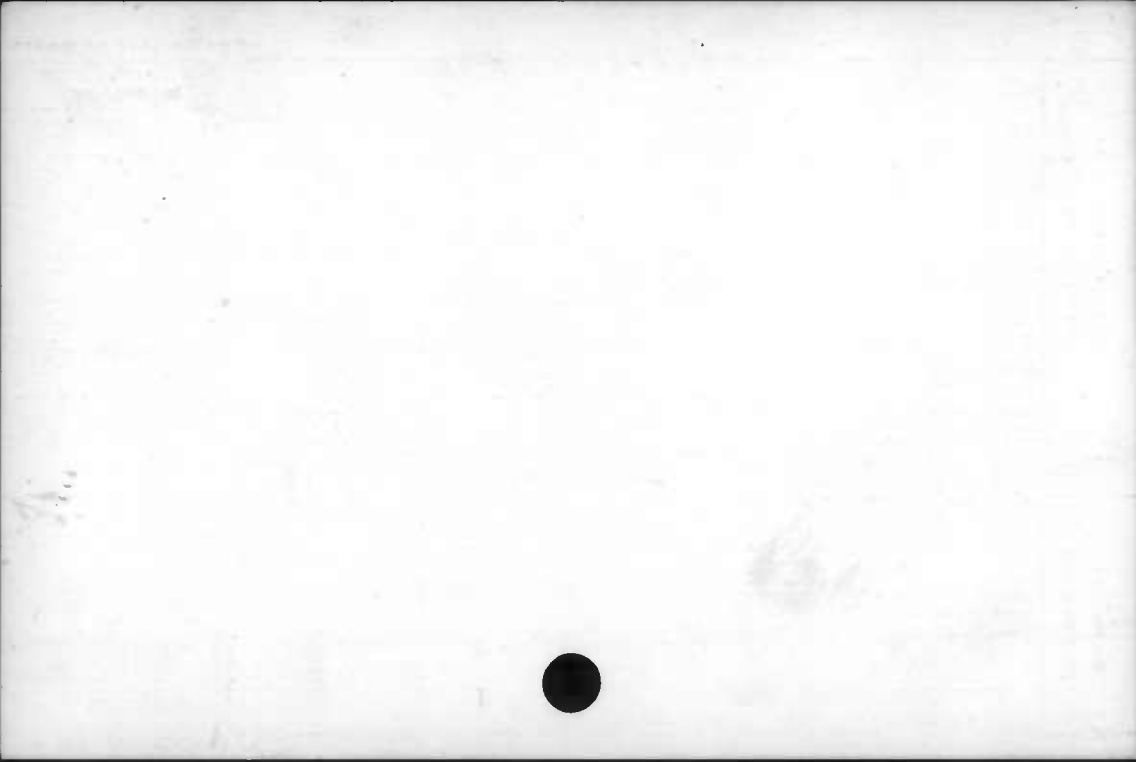
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berlin</i> Town		County <i>Worcester</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>Jan</i>	Day <i>14</i>	Age <i>48</i>	Years Months Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation <i>Labore</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed		Name of Wife or Husband <i>John Brown</i>			
Father's Name <i>Pharrie Marshall</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Larah Purnell</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>William Powell</i>		How related to deceased <i>son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Charles J. ...</i>
<i>John</i>	Address <i>Berlin Md</i>
Accident or Suicida	



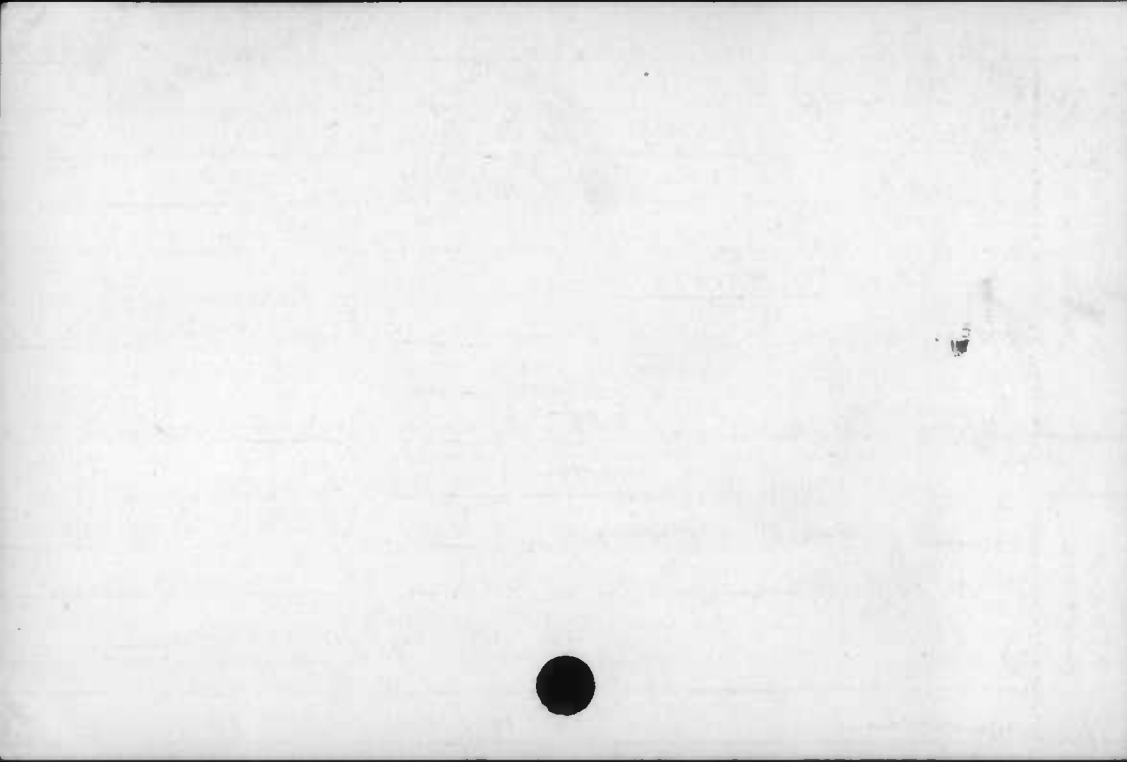
Name
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CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full		John S. Richards		150		
Died at		Town	Freemont	County	Thurston	
Date of death		1909	Jan	29	Age 91	
Sex		Male	Color or Race	White	Birth-place	Id
Occupation		None	Where Residing if not at place of death			
Married, Single or Widowed		Married	Name of Wife or Husband			Sallie Richards
Father's Name		Joseph Richards			Father's Birthplace	Id
Mother's Maiden Name		Sallie Dryden			Mother's Birthplace	Id
Name of person giving information		Sallie Dryden			How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile decay	How long	154	
Immediate	Exhaustion	How long	10 yrs	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address
		J. Milam		Freemont City
Accident or Suicide?				



Name
in
Full

Daisy M. Rowley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

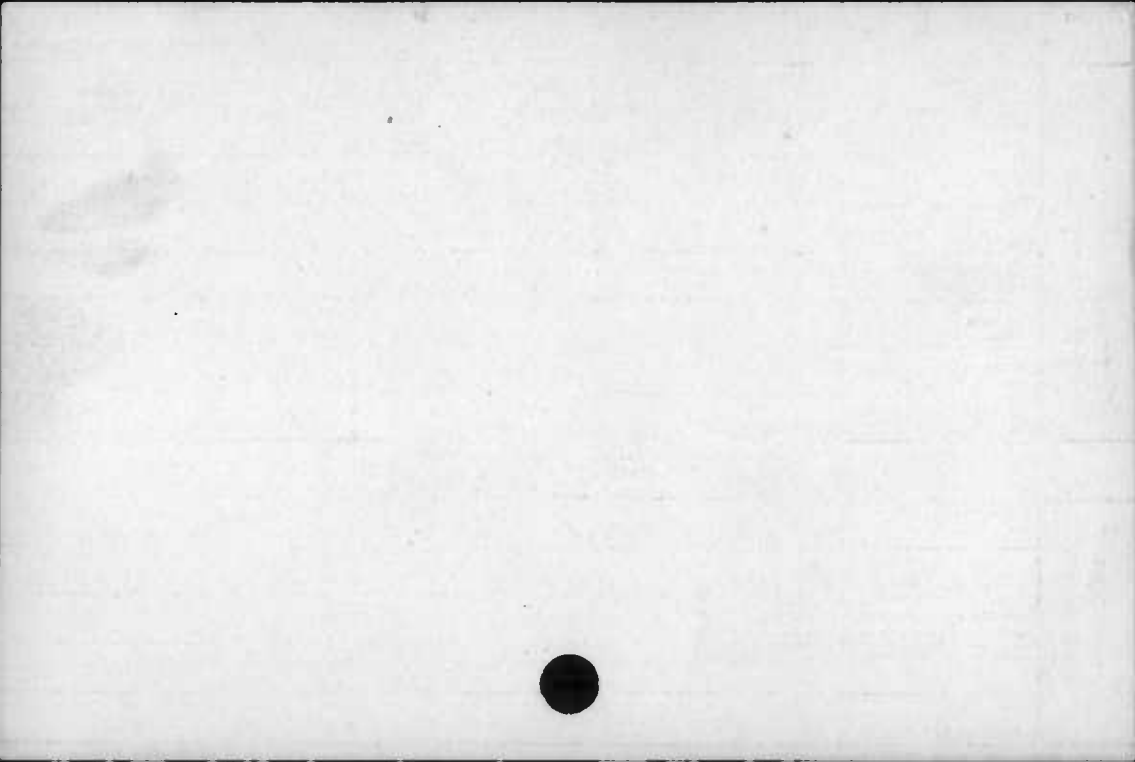
Died at <u>Giddsburg</u> <small>Town</small>		<u>Hoccus</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	<u>Jan</u> <small>Month</small>	<u>10</u> <small>Day</small>	Age <u>no</u> <small>Years</small>	<u>6 months</u> <small>Months</small>	<u>no</u> <small>Days</small>
Sex <u>girl</u>	Color or Race <u>Black</u>		Birth-place <u>ind</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Cora Rowley</u> <u>Curtis Rowley</u>			
Father's Name <u>Curtis Rowley</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Cora Rowley</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Cora Rowley</u>			How related to deceased <u>Mother's</u>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>3 days</u>
Immediate <u>Cardiac Exhaustion</u>	How long <u>ten hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>C. H. Bunn</u>
	Address <u>Giddsburg Ind</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town <i>Thoraco</i>		County	
Date of death <i>1909</i>	Month <i>Jan,</i>	Day <i>4</i>	Years <i>30</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Thoraco Co. Md.</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single <i>or Widowed</i>		Name of Wife or Husband <i>Wm Smith</i>			
Father's Name <i>David Bratten</i>			Father's Birthplace <i>Thoraco Co. Md.</i>		
Mother's Maiden Name <i>Rachel Brittingham</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Alex Brittingham</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>Chronic Dysentery</i>	How long <i>Several Months</i>
Immediate <i>Ashtenia</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John S. Delotte</i>
	Address <i>Snow Hill Md.</i>
Accident or Suicide?	



Name
in
Full

Timmons, Lovey

CERTIFICATE OF DEATH

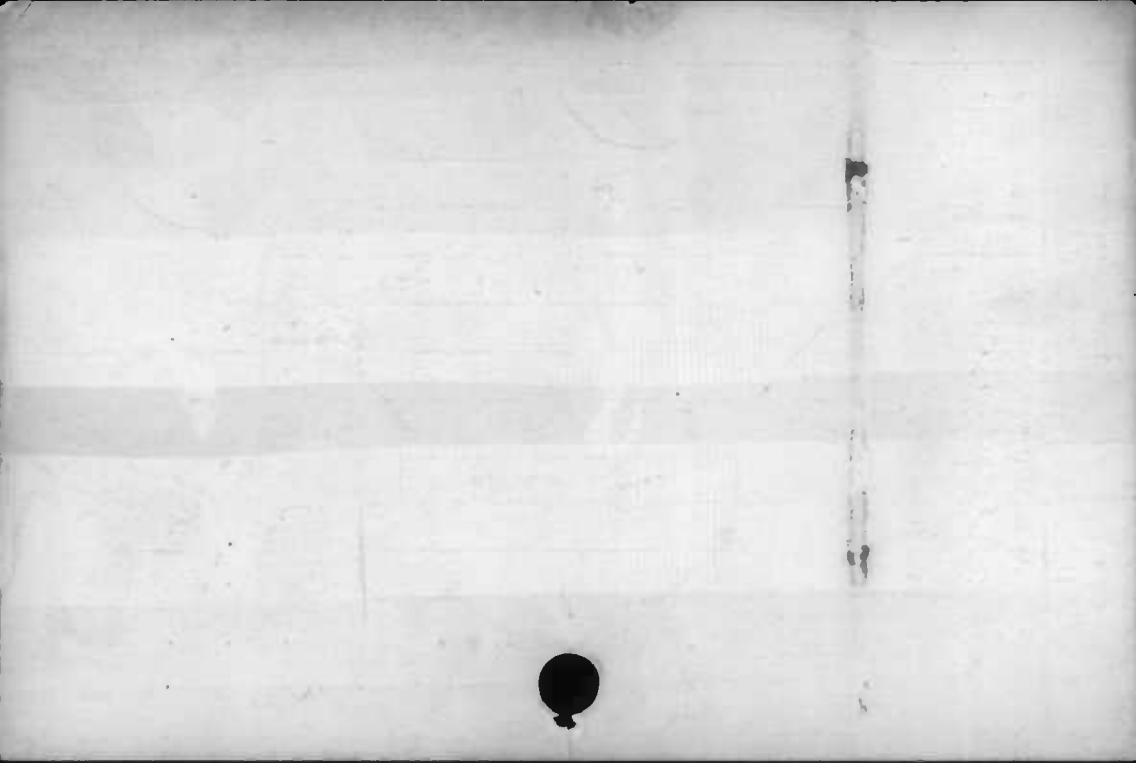
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Selbyville, Del ^{County} Worcester		MARYLAND	
Date of death	190 9 ^{Month} Jan ^{Day} 28th ^{Year} Age 74	^{Months} 3 14	^{Days} 14
Sex	Female	Color or Race	White
Occupation	House-wife	Birth-place	Dela.
Where Residing if not at place of death		At nieces	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Rob. Timmons
Father's Name	George Brasure	Father's Birthplace	Dela.
Mother's Maiden Name	Not known. <i>Lilla Brasure</i>	Mother's Birthplace	<i>Id</i>
Name of person giving Information	Frank Hudson	How related to deceased	Husband niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	4 da.
Immediate	Pulmonary odema	How long	4 hrs.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. R. Bishop, M. D.
		Address	Showell, Maryland.
Accident or Suicide			



Name
in
Full

Still Born

White

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CERTIFICATE OF DEATH

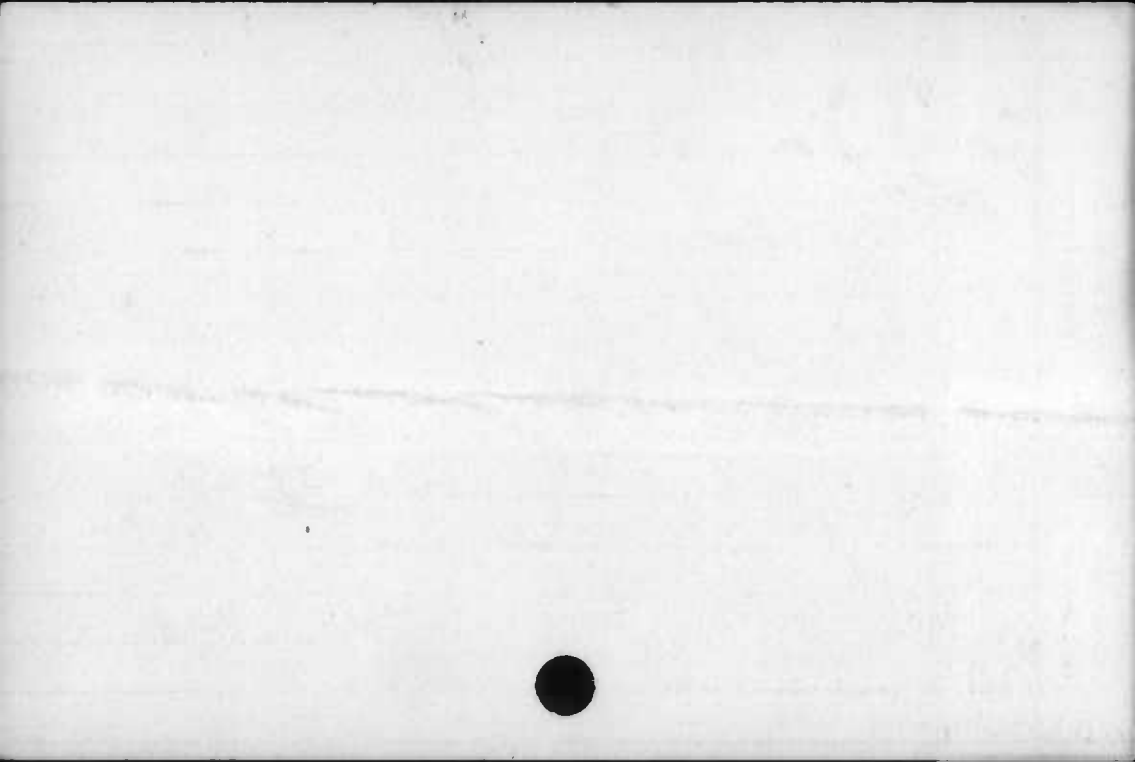
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		February	18				
Sex	Color or Race	Birth-place					
White	White	Pocomoke city					
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Oscar F White				Pocomoke city Md			
Mother's Maiden Name				Mother's Birthplace			
Maggie Dixon							
Name of person giving information				How related to deceased			
Oscar F White				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Still Born	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Ephraim Stillman
	Address
	Justice of the Peace and acting Sudley
Accident or Suicide?	



Name
in
Full

Moses, Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Summersville</i>		County <i>Shoreham</i>		MARYLAND	
Date of death		1909	Month <i>Jan</i>	Day <i>17</i>	Age <i>86</i>	Years	Months -
Sex <i>Male</i>		Color or Race <i>colored</i>		Birthplace <i>Worcester Co</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary Wright</i>					
Father's Name <i>John Wright</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Betsy Roach</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>George H. Wright</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

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How long

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Heart disease</i>		How long <i>Two moments</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Had no Physician</i>	
		Address <i>P. Jones</i>	
Accident or Suicide <i>no</i>		<i>O.K.</i>	

